

Affidavit of Next of Kin 15-148-1 (08/15)



To be completed by the next of kin who does NOT have legal appointment as Personal Representative/Administrator for deceased patient and there will be **no Probate** filing.

The undersigned, being first duly sworn, deposes and says:

1. That I am the next of kin of, _____, who died on or about the ____ day of _____, 20_____.
2. That _____ is handling the affairs of deceased _____ and stands next in line of intestate succession.
3. That this affidavit is made in support of the undersigned's request for release of the decedent's medical records.

Dated the ____ day of _____, 20_____.

Signature

Relationship

SUBSCRIBED AND SWORN to me this ____ day of _____, 20_____, by _____

Notary Public

Notary Seal

My Commission Expires: _____